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J. BRYAN

DEC -8 2010

**EXAMINER** 

## **COVER LETTER**

1 Division of Corpo	porations	
SUBJECT: Ch	RIS WINZSOR LLC  Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Christopher Twindsur  Name of Person  Chris Windsur LLC.  Firm/Company  4/117 EASY ST  Address  Southport FIA 32409  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	7 PM 2:34
For further information cor	oncerning this matter, please call:	
Christy Name of	Person at (859 896-0573  Area Code & Daytime Telephone Number	
Enclosed is a check for the	•	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cheis W	DINZSOR 1/1	SSET
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number		21-2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
Chris windsor. The new name must be distinguishable and end with the v	LLC,	
The new name must be distinguishable and end with the v L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	**************************	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
	0.4	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	<u>Address</u>	Type of Action
_			Add Remove
_			□ Demove
<del></del>			Add Remove
<del></del>			AddRemove
			Add Remove
			TTD amous
	ing any other information, enter chan	ge(s) here: (Attach additional sheets,	if necessary.)
mend —			
mend			SECRE
mend			10 DEC -7 PH 2: 34 SECRETARY OF STATE ALL AHASSEE, FLORID.

Page 2 of 2

Filing Fee: \$25.00